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SERIAL NUMBER 10/800,344	FILING OR 371(c) DATE 03/12/2004 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 00231-105001
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/454,421 03/12/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 05/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS

26161

TITLE

Use of secretin and secretin analogs to treat affective disorders

FILING FEE RECEIVED 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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